

(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

(1) DESHAUNE D DARLING  
(Name of Plaintiff) (Inmate Number)

1181 PADDOCK RD SMYRNA DE 19977  
(Complete Address with zip code)

(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)

\_\_\_\_\_  
(Complete Address with zip code)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

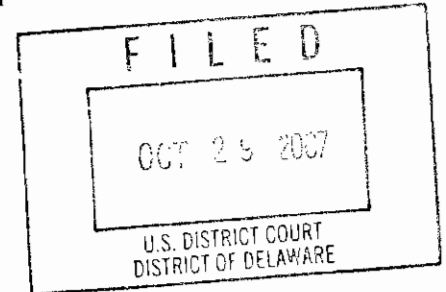
(1) CARL DANBERG  
(2) THOMAS CAIRO II  
(3) CORRECTIONAL MEDICAL SERVICE  
(Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE



- 0 7 - 6 8 3 -

(Case Number)  
( to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested

**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? FILED NUMEROUS GRIEVANCES  
109727, 111604, 117323 . . . . (more files)
  2. What was the result? NO RESOLUTION
- D. If your answer to "B" is No, explain why not:

**III. DEFENDANTS** (in order listed on the caption)

- (1) Name of first defendant: CARL DANBERG

Employed as COMMISSIONER at DE DEPT of CORRECTIONS

Mailing address with zip code: 245 MCKEE RD DOVER DE 19904

- (2) Name of second defendant: THOMAS CARROLL

Employed as WARDEN at DELAWARE CORRECTIONAL CENTER

Mailing address with zip code: 1181 PADDOCK RD SMYRNA DE 19977

- (3) Name of third defendant: CORRECTIONAL MEDICAL SERVICES (PROVIDOR)

Employed as 1201 COLLEGE PARK DRIVE

Mailing address with zip code: SUITE 101 DOVER DE 19904

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

## IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. THE MEDICAL CARE AT D.C.C. IS APPALLING  
DISPITE THE SCRUTINY AND INSPECTION  
BY THE FEDERAL AUTHORITIES IN RECENT  
AND PAST INSPECTIONS BROUGHT ON BY THE  
NUMEROUS COMPLAINTS AND INJURIES UPON
2. INMATES BY LACK OF ADEQUATE MEDICAL  
ATTENTION AND THE MEDICAL DEPARTMENTS  
REFUSAL AND NEGLECT TO "FOLLOW THROUGH"  
WITH NECESSARY MEDICAL ATTENTION AND  
TREATMENT. THE ATTACHED STATEMENT OF
3. CLAIM IS SELF EXPLANATORY AS TO HOW  
THE DEFENDANTS ARE RESPONSABLE AND  
WHAT PART THEY PLAY IN THE CASE  
OF THE PLAINTIFFS SUFFERING BY THE  
NEGLECT OF THE ADMINISTRATION AND MEDICAL  
PROVIDER.

## V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. MONATARY COMPENSATION TO BE DETERMINED BY JURY  
FOR PAIN AND SUFFERING AND ONGOING DISABILITY,  
ALL MEDICAL EXPENSES PAST PRESENT AND FUTURE TO  
BE PAID FOR BY DEFENDANTS INCLUDING TRANSPORTATION  
LOSS OF WORK ETC..  
PLAINTIFF BE GIVEN OPPORTUNITY TO HAVE A DOCTOR  
OF HIS CHOICE (IN STATE) TO REPAIR HIS HAND.

2.

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3.

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I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

*Debra D. Darling Jr.*

(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

•• Yes •• No

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

•• Yes •• No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

Shaunyece T. Darling Father pay \$288.00 month child support & medi care  
Deshaune D. Darling Jr. Father pay medical care.  
Shaunesia L. Darling Father pay medical care.

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
DATE

Deshaune D. Darling Jr.  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DESHAUNE D. DARLING SBI# 00229896

### STATEMENT OF CLAIM

THE FOLLOWING STATEMENT IS A FACTUAL BRIEF ACCOUNT OF THE INJURY, SUFFERING, DELIBERATE AND BLATENT DISREGARD OF THE SERIOUSNESS OF A MEDICAL INJURY/CONDITION, BY THE ADMINISTRATION, MEDICAL DEPARTMENT, COMMIONER, WARDEN, THE DEPUTY WARDEN, HEALTH CARE PROVIDER, THEIR ORTHOPEDIC CONSULTANT/DOCTOR, AND STAFF.

ON 4-4-07, THE PLAINTIFF SUFFERED AN INJURY OF A BROKEN HAND (RIGHT) NOTE: THE PLAINTIFF IS RIGHT HANDED AND THIS SERIOUSLY IMPARES HIM FROM PREFORMING NORMAL FUNCTIONS SUCH AS DRESSING, FEEDING, WRITING, SHAVING, ETC...

AT THE TIME OF THE INJURY, THE PLAINTIFF WAS TAKEN TO KENT GERNERAL HOSPITAL, THE ATTEDNDING DOCTOR EXAMINED THE PLAINTIFF BUT WAS UNABLE TO SET AND CAST THE BREAK DUE TO THE COMPLEX NATURE OF THE INJURY. THE ATTENDING DOCTOR INSTRUCTED THE MEDICAL DEPARTMENT TO MAKE AN APPOINTMENT WITH AN ORTHOPEDIC SURGEN TO HAVE THE BREAK PROPERLY SET AND HARD CASTED. THE PLAINTIFF WAS THEN RETURNED TO THE PRISON. NO ACTION WAS TAKEN BY ADMINISTRATION OR HEALTH CARE PORVIDER TO TREAT THE INJURY FROM 4-04-07 TO: 6-20-07; THAT IS TWO MONTHS AND 3 WEEKS (76 DAYS)! THE AVERAGE BROKEN BONE HEALS IN 5 TO 6 WEEKS. THE TIME LAPSE HERE IS 13 WEEKS TWICE THE NORMAL TIME. DURING THIS TIME THE PLAINTIFF WAS CONTINUOUSLY SUFFERING FROM PAIN, DISCOMFORT, INABILITY TO SLEEP, WORK, WRITE, OR FUNCTION NORMALLY. THE MEDICATION GIVEN BY THE MEDICAL DEPARTMENT WAS INAPPROPRIATE AND DID NOT RELIEVEHIS PAIN. THE PLAINTIFF CONSTANTLY COMPLAINED TO THE MEDICAL DEPARTMENT ABOUT HIS PAIN AND SUFFERING, REMINDED THEM HE HAS NOT BEEN TO SEE AND ORTHOPEDIC DOCTOR. NOTHING WAS DONE TO ACCOMANDATE HIM. THE PLAINTIFF FAMILY/MOTHER, CALLED THE WARDEN, DEPUTY WARDEN AND THE MEDICAL DEPARTMENT WITH GREAT CONCERN ABOUT THIS CONDITION AND TREATMENT OF PLAINTIFF. THE DEPUTY WARDEN PERSONALLY ANSWERED CALLS AND ASSURED THE PLAINTIFF'S MOTHER THAT HE WAS PERSONALLY LOOKING INTO THIS MATTER AND EVERYTHING WAS BEING DONE TO FIX HIS BROKEN HAND, IN FACT, NOTHING WAS BEING DONE. THE PLAINTIFF FILED NUMEROUS GRIEVANCES ABOUT HIS NEGLECT AND DISREGARD OF HIS CONDITION TO NO AVAIL.

(GRIEVANCES NUMBERS LISTED IN PROPER FORM)

NOTE: MEDICAL GRIEVANCES TAKE PRIORITY, AND ARE NORMALLY ADDRESSED RIGHT AWAY, IN THE PLAINTIFFS CASE HOWEVER, THE GRIEVANCES WENT UNADDRESSED FOR MONTHS. NO PROPER RESOLUTION

DESHAUNE D. DARLING SBI# 00229896

EXISTS TO THIS DAY. THIS PLAINTIFF ALSO SUBMITTED NUMEROUS MEDICAL SICK CALL REQUESTS REMINDING C.M.S. THAT HE WAS STILL WAITING IN PAIN, AND BEING IGNORED AND NEGLECTED BY THEM (MANY UNANSWERED). THE MEDICAL DEPARTMENT CONTINUED TO DO NOTHING. ON 6-20-07 AFTER RELENTLESS PURSUIT BY THIS PLAINTIFF AND HIS FAMILY, THE MEDICAL DEPARTMENT TOOK THE PLAINTIFF IN HANDCUFFS TO SEE THEIR ORTHOPEDIC DOCTOR.

NOTE: THE HANDCUFFS WERE NOT REMOVED FOR THE EXAMINATION. THE HANDCUFFS WERE APPLIED TO THE PLAINTIFF AT THE SITE OF INJURY; THEY WERE CLAMPED DOWN TIGHTLY ON THE INJURY CAUSING UNBEARABLE PAIN AND DISCOMFORT. THE DOCTOR DID A BRIEF EXAMINATION OF THE HAND AND REFUSED TO RE-BREAK TO SET THIS HAND AND ORDERED IMMEDIATE PHYSICAL THERAPY TO ATTEMPT TO RETURN FLEXIBILITY AND IMPROVE THE MOBILITY OF THIS HAND. THIS BREAK HAS HEALED IMPROPERLY AND THE DOCTOR DID NOT WANT THE RESPONSIBILITY/LIABILITY OF RE-BREAKING THE HAND.

AS OF THE FILING OF THIS COMPLAINT, THE MEDICAL DEPARTMENT HAS NOT TAKEN THE PLAINTIFF TO PHYSICAL THERAPY, HAS NOT CHANGED THE NEGLECTFUL DISREGARD OF THE PLAINTIFFS HEALTH, AND HAS NO INTENTION TO DO SO.

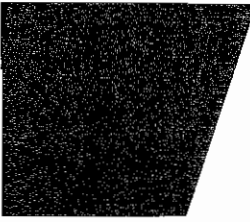
THIS DEMONSTRATES, "DELIBERATE INDIFFERENCE", NEGLECT, MAL-PRACTICE, BY ALL THE LISTED DEFENDANTS IN THIS COMPLAINT.

THE PLAINTIFF PRAYS THAT THE HONORABLE COURT GIVE THIS COMPLAINT PRIORITY, TAKES IMMEDIATE ACTION TO HAVE THIS PLAINTIFF TREATED BY AN OUTSIDE DOCTOR AND GRANT THE RELIEF REQUESTED

From: Jim SBI#229896  
Deshaune D. Darling  
Delaware Correctional Center  
1781 Paddock Road  
Smymna, Delaware 1977



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